

216021681
100358

State of Nebraska
Investigator's Motor Vehicle Accident Report

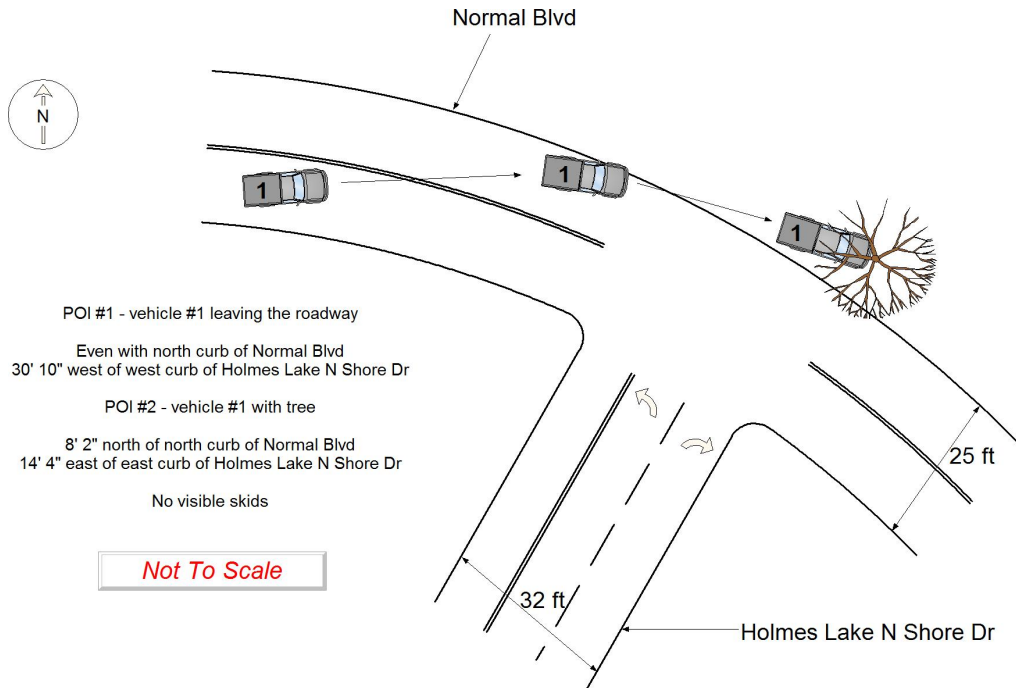
Sheet 1 of 4

1	Total Number of Vehicles	Local No./ District 181	Agency Case No. B6-046859	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 05/28/2016		TIME OF ACCIDENT 0814	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 0815	05/28/2016	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. Normal Blvd & Holmes Lake N Shore Dr			ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION			IF NOT AT INTERSECTION		
5	NAME OF INTERSECTING ROADWAY			FEET MILES N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M	Holmes Lake N Shore Drive					
09	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
1	VEHICLE NO. 1					
F	DRIVER LICENSE NO.	E01374477		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N	DRIVER	RICKY R DAVENPORT		PHONE	(402) 618-0114	
V2/N	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	01/22/1956	
1	OWNER	Same as Driver		PHONE	LOCAL NO.	
G	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.	
2	LICENSE PLATE	TE NO.	TZV667	YEAR (Plate Expires)	2017	STATE (Of Plate) NE
H	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
5	1987	Ford	F150	Pickup truck	gray	ESTIMATED DAMAGE <input checked="" type="radio"/> TOTALED \$
V1/O	VEHICLE ID NO. (VIN)	1FTEF14N2HPB10115		INSURANCE COMPANY	Progressive	
V2/O	TOWED TO	TOWED BY		POLICY NO.	905440711	
101	101 Charleston	Capital Towing				
I	VEHICLE NO. 2					
1	DRIVER LICENSE NO.			STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE
V1/P	DRIVER			PHONE	LOCAL NO.	
V2/P	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		
4	OWNER			PHONE	LOCAL NO.	
J	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input type="radio"/> YES <input type="radio"/> NO	CITATION NO.	
01	LICENSE PLATE	NO.		YEAR (Plate Expires)		STATE (Of Plate)
V1/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
V2/Q	1					ESTIMATED DAMAGE <input type="radio"/> TOTALED \$
03	VEHICLE ID NO. (VIN)			INSURANCE COMPANY		
K	TOWED TO	TOWED BY		POLICY NO.		
03						
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
VEH. #	NAME	ADDRESS			3 Body Region	4 Injury Sev.
1	RICKY R DAVENPORT	11200 W Van Dorn St, Denton, NE 68339		01/22/1956	5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
		BryanLGH Medical Center West (Lincoln General)		Lincoln Fire & Rescue	10061	
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B6-046859



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Witnesses Waller and Gardner, report they were behind vehicle #1 which was eastbound on Normal Blvd. Both stated the vehicle had been drifting left of center, over correcting to right back into the lane. Gardner stated she was about to call 911 about the vehicle, when it veered off the road to the left, drove over the curb and collided with a tree on the north side of the road. Anderson stated he was westbound about Normal and Van Dorn and observed the vehicle leave the road at estimated speed of 35 MPH and collide with the tree. Driver #1 suffered traumatic injuries, and is currently in intensive care at Bryan West Medical Campus.

PROPERTY	OBJECT DAMAGED Tree	OWNER NAME City of Lincoln 555 S 10th St, Lincoln, NE 68508	ADDRESS	PHONE (402) 441-7847	APPROX. COST OF DAMAGE \$ 700
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME Travis M Anderson 4718 Woodhaven Dr, Lincoln, NE 68516				PHONE (402)432-5735
	NAME Patricia F Gardner 6700 North Fork Cir, Lincoln, NE 68516				PHONE (307) 286-0493

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS									
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME																
1			X		Normal Blvd																
2																					
1	01				06 Turning left				POINT OF IMPACT		VEHICLE 1		VEHICLE 2								
2					07 Making U-turn				01		01										
					08 Entering traffic lane				MOST DAMAGED AREA		11										
					09 Leaving traffic lane																
					10 Parked																
					11 Slowing or stopped in traffic																
					12 Other																
					13 Unknown																
OFFICER NO. 1279					TROOP/TEAM/BEAT 4					DEPARTMENT Lincoln Police Department					Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
INVESTIGATOR NAME (Print or Type) Patrick Ference										INVESTIGATOR SIGNATURE Approved by Officer Patrick Ference										DATE OF REPORT 05/28/2016	

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State of Nebraska

Investigator's Motor Vehicle Accident Continuation Report Sheet 3 of 4

Local No./
District
181

Agency
Case
No. B6-046859

STATE USE ONLY

Vehicle
Codes
from
Overlay
#2

DATE OF ACCIDENT (MM / DD / YYYY)

05/28/2016

PLACE
OF
ACCIDENT

COUNTY

Lancaster

CITY

Lincoln

Sequence
of Events

ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO. Normal Blvd & Holmes Lake N Shore Dr

VEH. #	VEHICLE NO.										VEH. #
	DRIVER LICENSE NO.						STATE (Of License)				SEX <input type="radio"/> FEMALE <input type="radio"/> MALE
M	DRIVER					PHONE			LOCAL NO.		
N	DRIVER ADDRESS					CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)		
O	OWNER					PHONE			LOCAL NO.		
P	OWNER ADDRESS					CITY, STATE, ZIP			CITATION <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> PENDING		CITATION NO.
Q	LICENSE PLATE NO.		YEAR		MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE <input type="radio"/> TOTALED \$		
	VEHICLE										
	VEHICLE ID NO. (VIN)							INSURANCE COMPANY			
	TOWED TO					TOWED BY			POLICY NO.		

VEH. #	VEHICLE NO.										VEH. #
	DRIVER LICENSE NO.						STATE (Of License)				SEX <input type="radio"/> FEMALE <input type="radio"/> MALE
M	DRIVER					PHONE			LOCAL NO.		
N	DRIVER ADDRESS					CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)		
O	OWNER					PHONE			LOCAL NO.		
P	OWNER ADDRESS					CITY, STATE, ZIP			CITATION <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> PENDING		CITATION NO.
Q	LICENSE PLATE NO.		YEAR		MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE <input type="radio"/> TOTALED \$		
	VEHICLE										
	VEHICLE ID NO. (VIN)							INSURANCE COMPANY			
	TOWED TO					TOWED BY			POLICY NO.		

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE				RESTRAINT USE VEHICLE				TOTAL OCCUPANTS		VEH	VEH
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				VEHICLE		VEHICLE		VEHICLE		VEHICLE		ALCOHOL TESTING		Driver No.	Driver No.
									POINT OF IMPACT		POINT OF IMPACT						ALCOHOL LEVEL TESTED		Y	Y
									MOST DAMAGED AREA		MOST DAMAGED AREA						BAC LEVEL			
									06 Turning left		02		03		04		ALCOHOL/DRUGS SUSPECTED		Driver No.	Driver No.
									07 Making U-turn		01		05				1 Neither alcohol nor drugs suspected			
									08 Entering traffic lane		08		07		06		2 Yes - alcohol suspected			
									09 Leaving traffic lane								3 Yes - drugs suspected			
									10 Parked								4 Yes - alcohol & drugs suspected			
									11 Slowing or stopped in traffic								5 Unknown			
									12 Other											
									13 Unknown											

Complete this section for all injured persons										DATE OF BIRTH (MM / DD / YYYY)		1	2	3	4	5	SEX M F	
VEH. #	NAME					ADDRESS							Seat Position	Eject	Body Region	Injury Sev.	Trans.	
	LOCAL NO.		MEDICAL FACILITY NAME			EMS SERVICE NAME					EMS RUN REPORT NO.							
VEH. #	NAME					ADDRESS												
	LOCAL NO.		MEDICAL FACILITY NAME			EMS SERVICE NAME					EMS RUN REPORT NO.							
VEH. #	NAME					ADDRESS												
	LOCAL NO.		MEDICAL FACILITY NAME			EMS SERVICE NAME					EMS RUN REPORT NO.							

ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate
North
by Arrow

AGENCY CASE NO.

B6-046859

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
					\$
WITNESSES	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
					\$
WITNESSES	NAME	ADDRESS			PHONE
	Xavier J Waller	8330 Cheney Ridge Rd #438, Lincoln, NE 68516			(402) 540-4273
WITNESSES	NAME	ADDRESS			PHONE
OFFICER NO.		TROOP/ TEAM/ BEAT	DEPARTMENT		
1279		4	Lincoln Police Department		
INVESTIGATOR NAME (Print or Type)			INVESTIGATOR SIGNATURE		DATE OF REPORT
Patrick Ference			Approved by Officer Patrick Ference		05/28/2016